

BOOTCAMP Health History Questionnaire

Name: _____ DOB: _____

E-Mail Address: _____

Phone Number (H): _____ (W): _____

Street Address _____ City _____ Zip Code _____

Personal Physician _____ Phone Number _____

I.C.E. _____ Ph. No. _____ Relationship _____

Have you had a physical exam within the last 12 months YES NO

Have you exercised within the past 6 months? YES NO

What type of exercise: _____

Are you under the care of a physician, or other health care professional for any reason? YES NO

If YES, please list the condition below:

Do you have or are you being treated for high blood pressure? YES NO

Do you often feel faint or have spells of dizziness? YES NO

Has your physician ever diagnosed you with heart or chest pains ever? YES NO

Do you have a cigarette smoking habit? How many per day? YES NO

Do you have a family history of heart disease or diabetes? YES NO

Indicate any diseases or illnesses you have had or currently have:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Back Condition | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Low Blood Sugar |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Nervous Tension | <input type="checkbox"/> Sinus |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Other (<i>list</i>) | | |

Do you have any other illness or condition, not previously listed, which should be taken into consideration before beginning your exercise program? YES NO

Thank you! Your accurate and honest answers will assist us in developing a rewarding physical fitness program.

The above information is accurate and, to my knowledge represents my present health. We recommend checking with your physician before beginning any exercise program.

Participant Signature: _____